

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDG/OC-005	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Foreign TDY Forecast						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		COMMUNICATIONS	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
2		Semi-Annual				1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES GIVE ADP PROCESSING NO.		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OC-CMS							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-5	\$3.46		.25	=	.86¢		2 = \$1.72
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1.72	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
By Direction							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS	
						DOLLARS	
						STAT	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
5 October 1970		Communications Officer					